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REPORT OF RECEIPTS

14 JUN -2 PM 12: 22

For An Additionized Committee				Office Use Only		
NAME OF COMMITTEE (in full)	TYPE OR PRIN		ple: If typing, type the lines.	12FE4M5		
Friends of Mary Land		<u> </u>	<u> </u>	<u>. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1</u>		
L	1 1 1 1 1	<u> </u>	<u>1. 1. 1. 1. 1. 1</u>			
ADDRESS (number and street) 700 13th Stre		el, NW				
•	Suite 600	Suite 600				
Check if different than previously Washington reported, (ACC)		DC 20005				
2. FEC IDENTIFICATION	NUMBER ▼	CITY A		STATE	ZIP CODE A STATE ▼ DISTRICT	
C C00325126		3. IS THIS REPORT	NEW (N) OR	× AMENDED (A)	<u> </u>	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: X April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)		F	lection Report for the Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)	
		Election on			in the State of	
			Election Report for	e: Runoff (30R)	Special (30S)	
		Election on	General (30G)	Autoli (SOA)	in the State of	
5. Covering Perlod	01 01	2014	through	03 31	ÿ \ 2014	
I certify that I have examined Type or Print Name of Treas		-	wledge and beliaf it	is true, correct and co	implete.	
		lany m		Date 11 k 05 Date	27 2014	
NOTE: Submission of false, er Office Use Only FERANDI8	roneous, or incomp	ete information may su	ioject the person sigr		FEC FORM 3 (Rovised 02/2003)	